

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: <u>7-21-05</u>		2 Serial/Patent # <u>107518704</u>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input checked="" type="checkbox"/> Filing		<u>1</u>	<u>12/17/05</u>	\$ <u>100</u>	
<input type="checkbox"/> Amendment				\$	
<input type="checkbox"/> Extension of Time				\$	
<input type="checkbox"/> Notice of Appeal/Appeal				\$	
<input type="checkbox"/> Petition				\$	
<input type="checkbox"/> Issue				\$	
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$	
<input type="checkbox"/> Maintenance				\$	
<input type="checkbox"/> Assignment				\$	
<input type="checkbox"/> Other				\$	
				7 TOTAL AMOUNT OF REFUND \$ <u>100</u>	
8 TO BE REFUNDED BY:					
<input checked="" type="checkbox"/> Overpayment		Treasury Check			
<input checked="" type="checkbox"/> Duplicate Payment		Credit Deposit A/C #: <u>9 50 - 0320</u>			
9 No Fee Due (Explanation):					
10 REASON:					
<input checked="" type="checkbox"/> Overpayment					
<input type="checkbox"/> Duplicate Payment					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <u>A. Johnson</u>		TITLE: <u>paralegal</u>			
SIGNATURE: <u>A. Johnson</u>		PHONE: <u>308-9140</u>			
OFFICE: <u>PCT</u>					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: _____		DATE: _____			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B